EXHIBIT C

Jan 8, 2007 Man & Frok	ALAN B GROK
DATE SIGN and print the name and title it any of the creditor this sign (attach carry of polyer of attorney of any	r or other person authonzed to file y) USA CMC
	Indo CA 90245
P O Box 911 1330 E	ast Franklin Avenue
BMC Group BMC G	roup SACM Claims Docketing Center
governmental units) BY MAIL TO BY HAN	D OR OVERNIGHT DELIVERY TO FILED JAN 2 2 2007
for each person or entity (including individuals, partnerships, corporat	
The original of this completed proof of claim form must be sent by mai ACCEPTED) so that it is actually received on or before 5 00 pm, prevail	
proof of claim	
DOCUMENTS if the documents are not available, explain. If the document B DATE-STAMPED COPY To receive an acknowledgment of the filing of	
running accounts, contracts, court judgments, mortgages, security agreeme	ints and evidence of perfection of lien DO NOT SEND ORIGINAL
6 CREDITS The amount of all payments on this claim has been credited and 7 SUPPORTING DOCUMENTS. Attach copies of supporting documents	deducted for the purpose of making this proof of claim such as promissory notes, purchase orders, invoices, itemized statements of
	al amount of the claim Attach itemized statement of all interest or additional charges
(unsecured)	(secured) (prionty) (Total)
5 TOTAL AMOUNT OF CLAIM \$ \$ \[\sum_{\text{ST}} \text{Z} \]	,701.90\$
	* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	Other Specify applicable paragraph of 11 U S C § 507(a) ()
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use -11 U S C § 507(a)(7)
Specify the priority of the claim	secured claim, if any \$ 152, 701. 90
Amount entitled to priority \$	Amount of arrearage and other charges at time case filed included in
entitled to priority	Value of Collateral \$ UNCERTAIN
Check this box if you have an unsecured claim all or part of which is	Real Estate Motor Vehicle Other
entitled to priority UNSECURED PRIORITY CLAIM	Brief description of collateral
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim.	n
UNSECURED NONPRIORITY CLAIM \$	Check this box if your claim is secured by collateral (including
See reverse side for important explanations	SECURED CLAIM
2 DATE DEBT WAS INCURRED 3 IF 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best des	COURT JUDGMENT, DATE OBTAINED
PURCHASE OF FIRST TRUST DEEDS	(date) (date)
Money loaned Cher (describe bnefly) Unpaid	d compensation for services performed from to
Services performed Taxes Last fo	our digits of your SS # (not for loan balances)
D Coods cold D Dorsonal invitationate dooth	s salaries and compensation (fill out below) Other claims against servicer
1 BASIS FOR CLAIM Retres	e benefits as defined in 11 U S C § 1114(a) Unremitted principal
	Check here replaces a previously filed claim dated amends
Creditor Telephone Number (\$38 483 - 83 6 Last four digits of account or other number by which creditor identifies debtor	This Grade of Crooking Co. Co.
Condition Talantana Number OCV 118C CC17	envelope sent to you by the Bankruptcy Court or BMC you do not need to file again court THIS SPACE IS FOR COURT USE ONLY
	Check box if this address differs from the address on the lif you have already filed a proof of claim with the
SAN DIEGO CA 92128-4428	BMC Group in this case SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS
ALAN GROH 'RA 12613 ALCACER DEL SOL	never received any notices from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A
11321241000590	Check box if you have
Name of Creditor and Address	statement giving particulars
administrative expense may be filed pursuant to 11 U S C § 503	filed a proof of claim relating to your claim. Attach copy of
This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an	Check box if you are aware that anyone else has
NOTE See Reverse for List of Debtors and Case Numbers	
USA COM'L MORTGAGE CO OB	-10725 (LOTZ)
Name - Obto	_ i
Name of Debtor Case N	lumber
A DISTRICT OF NEVADA	
Children surves bankenseemas nemocisems-3PK	OPF (OF / C (1A)M: 10:14 Page 2 of 11

UNITED STATES	S BANKRUPTCY COURT	Dr	TRICT	of Nevada	PROOF OF CLAIM
Name of Dubtor		Case	Number		TROOF OF CEARIN
USA COI	MMERCIAL MORTGAGE COMPAN	Y	06-1	10725-LBR	
NOTE This form of the case A re	should not be used to make a claim for an admini quest for payment of an administrative expense ma	strative exp by be filed	pursuant	sing after the commencement to 11 USC. § 503	N. Comments
	(The person or other entity to whom the			f you are aware that anyone	
debtor owes mone	y or property) A.M HANDAL, a single man			d a proof of claim relating to Attach copy of statement	
JUHN	HAT HARDHE, a singe mane	☐ givi	ng partic	ulars	
Name and address	where notices should be sent			f you have never received and the bankruptcy court in the	
35 75 HAYI./A	SISKIYOU CT PRD, CA(94542)	rn case	•		
				f the address differs from the he envelope sent to you by	
	account or other number by which creditor		court.	 ✓ replaces	THIS SPACE IS FOR COURT USE ON
identifies debtor	CC. 10' 5811		us claum	amends a previously	filed claim dated 1//1/06
1 Basis for C				Retiree benefits as defined i	
Goods Service	sold ≈ performed			Vages salaries, and compe- ast four digits of your SS a	
	loaned		ţ	Inpaid compensation for se	ervices performed
Taxes	al injury/wrongful death		fi	rom	to
Other -	See EXHIBIT A			(date)	(date)
2. Date debt v	vas incurred NOVERIBER 11 2004	3.	If cou	rt judgment, date obtain	red
4 Classification	of Claim. Check the appropriate box or boxes th	at best des	cribe yo	ur claim and state the amou	int of the claim at the time case file
See reverse side	rior important explanations. priority Claim \$ 711, 472,73		_	red Claim	
	ox if a) there is no collateral or lien securing you	- ala		Check this box if your clair	m is secured by collateral (including
D) Your claim exce	ceds the value of the property securing it or if c) is claim is entitled to priority	none of	arıgt	nt of setoff)	•
Unsecured Prior			ĺ	Brief Description of Collate Real Estate Moto	eral or Vehicle Other
	ox if you have an unsecured claim all or part of w	4		Value of Collateral \$_4	
entitled to priority	ox it you have all unsecured claim an or part of w	mich is	Amo		harges at tune case filed included in
Amount entitled to	priority \$		secun	ed claim, if any \$ 10,	755 10
Specify the priority of	f the claim	П	Up to \$	2,225* of deposits toward p	purchase, lease, or rental of propert
Domestic supp	port obligations under 11 U S C § 507(a)(1)(A) o	r	or servi	ces for personal, family, or	household use - 11 USC
(a)(1)(B)			-		nental units - 11 USC § 507(a)(8)
days before filing of	s, or commissions (up to \$10,000),* earned within of the bankruptcy petition or cessation of the debter is earlier - 11 U.S.C. § 507(a)(4)	or's			ph of II USC § 507(a)()
		7 477	nounts a	re subject to adjustment on	4/1/07 and every 3 years thereafter
	s to an employee benefit plan - 11 U S C. § 507(a)	N-37			n or after the date of adjustment.
	ant of Claim at Time Case Filed		(unecu	72, 73 \$711, 472, 73	(priority) (Total)
Check this box interest or add	c if claim includes interest or other charges in additional charges.	ition to the	e princip	oal amount of the claim Att	tach itemized statement of all
6. Credits Th	e amount of all payments on this claim has been	credited a	nd dedu	cted for the purpose of	THIS SPACE IS HER COURT USE ONLY
making this pro 7 Supporting D					
orders invoices	ocuments: Attach copies of supporting documents itemized statements of running accounts, contra	<i>mis</i> , such (cts. court (as promi indomen	te madaaaaa aassats	
agreements and	d evidence of perfection of lien DO NOT SEN	D ORIGIN	IAL DO	CUMENTS If the	LED JAN 1 2 2007
8. Date-Stammed	not available, explain If the documents are volur Copy To receive an acknowledgment of the fil	ninous, att	ach a su	mmary	
addressed envel	ope and copy of this proof of claim.			-	
Date	Sign and print the name and title, if any, of the file this claim (attach copy of power of attor	ne creditor	or other	r person authorized to	USA CMC
TAN/9/2002	Trandals 5	ווכא, if any אואר A	, M	HANDAL.	1072502286
דטפין וייי	Harman) [7 F]		•	

UNITED STATES BANKRUPTCY COURT	DISTRICT OF Nevada	PROOF OF CLAIM
Name of Dubior USA CONNERCIAL MORTGAGE COMPANY	Case Number 06-107-25-LBR	111001 01 02
NOTI: This form should not be used to make a claim for an administrative expense may	trative expense arising after the commencement	
Name of Creditor (The person or other entity to whom the dubtor, owes money or property) FIRST SAVINGS BANK CUSTODIAN FOR JOHN A M HANDAL, IRA Name and address where notices should be sent	Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court in this case	
Telephone number: FSB: (702)740-4063	Check box if the address differs from the address on the envelope sent to you by the court.	THIS SPACE IS HOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor iRAAcc, D. 7282	Check here replaces if this claim amends a previously file	ed claim, dated
1 Rasis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other Other	Retiree benefits as defined in I Wages salaries, and compensa Last four digits of your SS #t Unpaid compensation for servi fromt (date)	ation (fill out below)
2. Date debt was incurred. DECEMBER 2005.	3. If court judgment, date obtained	je
4 Classification of Claim. Check the appropriate box or boxes that See reverse side for important explanations. Unsecured Nonpriority Claim \$2.53,672,92 Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it, or if c) no only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of when the entitled to priority Amount entitled to priority \$	Secuped Claim Check this box if your claim is a right of setoff) Brief Description of Collatera Real Estate Motor Notation of Collatera Value of Collateral \$ UN. Amount of arrearage and other charman secured claim, if any \$ 3, 6 7 2 Up to \$2,225* of deposits toward purfor services for personal, family, or how \$ 507(a)(7) Taxes or penalties owed to government	Is secured by collateral (including all Vehicle Other————————————————————————————————————
business, whichever is earlier - 11 U.S.C. § 507(a)(4) Contributions to an employee benefit plan - 11 U.S.C. § 507(a)	*Amounts are subject to adjustment on 4/1 with respect to cases commenced on o	1/07 and every 3 years thereafter or after the date of adjustment.
5 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in additional content of the charges in the charges in additional content of the charges in the charges in additional content of the charges in the charges i	(unaccured) (secured) (platform to the principal amount of the claim Attack	priority) (Total)
interest or additional charges. 6. Credits The amount of all payments on this claim has been		THIS SPACE IS FOR COURT USE ONLY
making this proof of claim 7 Supporting Documents: Attach copies of supporting docume orders invoices itemized statements of running accounts, contract agreements and evidence of perfection of lien DO NOT SENI documents are not available, explain If the documents are volunts. 8. Date-Stamped Copy To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim.	ncts, court judgments, mortgages, security D ORIGINAL DOCUMENTS If the minous, attach a summary	USA CMC
Date Sign and print the name and title, if any, of the	he creditor or other person authorized to mey, if any) HN A.M. HANDAL	ED JAN 1 2 2007

			u 14 - Eau	<u> </u>
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		OOF OF CLAIM	3	
*	Case Nu	mber · 10725 - LBR		
COM PANLY NOTE See Reverse for List of Debtors and Case Numbers	- 00	10 123-CBK		
This form should not be used to make a claim for an administrative experience arising after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating		
Name of Creditor and Address		to your claim Attach copy of statement giving particulars		
SUZE HARRINGTON , AN UNMARRIED WC. 2131 CONNOR PARK CV SALT LAKE CITY UT 84109-2468	MAN	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the	SECURED INTERS ONE OF THE DEB If you have alrea	ady filed a proof of claim with the
Creditor Telephone Number (80) 487-9336		envelope sent to you by the court		r BMC you do not need to file again
Last four digits of account or other number by which creditor identifies de	ebtor	Check here	200	
6144		if this claim amen	a previously i	filed claim dated
Goods sold Personal injury/wronaful death		enefits as defined in 11 U S		Unremitted principal
☐ Command ☐ Towns	-	salaries, and compensation (fill out below)	Other claims against servicer (not for loan balances)
		digits of your SS # ompensation for services pe	rformed from	to
2 DATE DEBT WAS INCURRED 7/0//05	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that it				e time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$ 304, 534 25		SECURED CLAIM		
UNSECURED NONPRIORI I'Y CLAIM \$ 304, 534 Check this box if a) there is no collateral or lien securing your claim or b) you exceeds the value of the property securing it or if c) none or only part of you entitled to priority	our claım	a right of setoff) Brief description of		ed by collateral (including
UNSECURED PRIORITY CLAIM		☐ Real Estate ☐	_	Othr
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral		Known
Amount entitled to priority \$				at time case filed included in
Specify the priority of the claim		secured claim if any	\$ 4,534	25_
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salanes or commissions (up to \$10 000)* earned within 180 days	L	Up to \$2 225* of deposits toward services for personal family of		
before filing of the bankruptcy petition or cessation of the debtors		Taxes or penalties owed to go	vemmental units 1	1 U S C § 507(a)(8)
business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		Other Specify applicable part	• .	• , , ,
Contributions to an employee benefit plan - 11 0 0 0 9 307 (a)(0)		* Amounts are subject to adju- with respect to cases commer		
5 TOTAL AMOUNT OF CLAIM \$ 304,534 25 \$	304	,534,25\$		\$ 364534,25
AT TIME CASE FILED (unsecured) Check this box if claim includes interest or other charges in addition to the	•	secured) amount of the claim Attach ite	(pnonty) mized statement of	(Total) all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credit		· · · · · · · · · · · · · · · · · · ·		
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts contracts court judgments mortgages, security ag DOCUMENTS If the documents are not available, explain. If the documents are not available, explain.	greement	s and evidence of perfection	of lien DO NOT	SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	filing of y	our claim enclose a stampe	d, self-addressed	envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, co governmental units)	prevailir orporatio	g Pacific time, on Novemb ns, joint ventures, trusts at	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
BY MAIL TO	BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO up	' FILED	JAN 11 2007
Attn USACM Claims Docketing Center P O Box 911	Attn USA 1330 Eas	CM Claims Docketing Cente t Franklin Avenue		
DATE , SIGN and punt the name and title if any of the		do CA 90245 r other person authorized to file	!	USA CMC
this claim (attach copy of power of attorned)	ey if any)	C	einaton	1072502058

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT	Dis	RICT O	F Nevada		
Name of Debtor		iumber			PROOF OF CLAIM
USA Commercial Mortcace Con			0725~	-LBK	
NOTE This form should not be used to make a claim for an adminis					
of the case A 'request" for payment of an administrative expense ma					1
Name of Creditor (The person or other entity to whom the			you are aware th		
debtor owes money or property)			a proof of claim ttach copy of s		
Helms Homes LLC		g particul	• •		
Name			you have never		
Terry Helms	Case		the bankruptcy	court in this	
809 (Ipland Blvd. Las Vegas NV 89107 3719			the address diffe e envelope sent		
Telephone number 702 258 1044		css on the court.	- virvelope self	you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor		k here s claim	replaces	reviouely fil	ed claim dated
identifies debtor	ii th		بسيب مساويها		
1 Rasis for Claim					II USC. § 1114(a) ation (fill out below)
Goods sold Services performed			st four digits o	f your SS #	
Money loaned Personal injury/wrongful death			•		vices performed
Taxes Coo Fuhihit		fre	om(dat	e)	to(date)
D Calci	12	7/ -		- ' كىيىدىدىدىدىدىدىدىدىدىدىدىدىدىدىدىدىدىدى	
2. Date debt was incurred	3.	If cou	rt judgment, d	ate obtaine	
4 Classification of Claim. Check the appropriate box or boxes the	hat best des	cnbe you	r claum and stat	e the amount	of the claim at the time case filed
See reverse side for important explanations.			ed Claum		
Unaccured Nonpriority Claim s6,348,967,22		10	Check this box i	f your claim	is secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c)	ur claım, or none or	a righ	of setoff)	,	,
only part of your claim is entitled to priority			Brief Description		
Unsecured Priority Claim			Real Estate		Vehicle Other.
Check this box if you have an unsecured claim all or part of entitled to priority	which is	l			NAMENIA
Amount entitled to priority \$		Amou	nt of arrearage : d claim, if any	and other cha \$87.19	rges at turne case filed included in
	_	L			
Specify the priority of the claim	L				rchase lease, or rental of property ousehold use - 11 U S C
Domestic support obligations under 11 USC § 507(a)(1)(A) (a)(1)(B)	or \Box	§ 507(a))(7)	•	
Wages salaries, or commissions (up to \$10 000) * earned with	in 180 📙		•	•	ental units - 11 USC § 507(a)(8) 1 of 11 USC § 507(a)()
Wages salaries, or commissions (up to \$10 000) * earned with days before filing of the bankruptcy petition or cessation of the deb business, whichever is earlier 11 U S C § 507(a)(4)	tor's *A:				(1/07 and every 3 years thereafter
Contributions to an employee benefit plan 11 U S C. § 507(or after the date of adjustment.
5 Total Amount of Claim at Time Case Filed	1	6348	767.22 6341	96722	634896722
Check this box if claim includes interest or other charges in ad interest or additional charges.	idition to th	(uneccia e princip	ed) (sec al amount of th	cured) e claum Atta	(priority) (Total) ch itemized statement of all
6. Credits The amount of all payments on this claim has been	n credited a	nd deduc	ted for the pur	pose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of claim			•		THE PROPERTY OF SHAPE
7 Supporting Documents: Attach copies of supporting documents orders invoices itemized statements of running accounts, continuous co	nents, such	as promi	ssory notes, pu	I	
agreements and evidence of perfection of lien DO NOT SE	ND ORIGI	NAL DO	CUMENTS IF	the FILE	D JAN 1 2 2007
documents are not available, explain if the documents are volu	uminous, at	tach a su	mmary		
Date-Stamped Copy To receive an acknowledgment of the f addressed envelope and copy of this proof of claim	filing of you	ır claım,	enclose a stamp	ed, self-	
Date Sign and print the name and title, if any, of	the credito	r or other	nerenn euthon	zed to	
file this claim (attach copy of power of atto	omey of any	Pan	-		LIGA CMC
1/11/07 7	., //	s sin	5 = 1		USA CMC
lews Itelms		1av	1112	//	

Thurs Court Patroners Court	Digrator on Manada	
United States Bankruptcy Court	DISTRICT OF Nevada	PROOF OF CLAIM
Name of Dehior USA COMMERCIAL MORTGAGE CO.	Case Number 06-10725-LBR	
NOTE: This form should not be used to make a claim for an administ of the case. A "request' for payment of an administrative expense in		
Name of Creditor (The person or other entity to whom the debtor owes money or property) EDWARD O. HIGH, an unmarried man	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name and address where notices should be sent EDWARD O HIGH 1413 PELICAN BAY TRAIL	Check box if you have never received any notices from the bankruptcy court in this case Check box if the address differs from the	
WINTER PARK, FL 32792 Telephone number 407-679-4445	address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here replaces if this claim amends a previously filed of	
1 Basis for Claim Goods vold Services performed Money loaned Personal injury/wrongful death Taxes Other	Retiree benefits as defined in 11 Wages salaries, and compensation Last four digits of your SS # Unpaid compensation for service from	on (fill out below)
2. Date debt was incurred Sept 9, 2005	3. If court judgment, date obtained.	
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations. Unsecured Nonpriority Claim \$ 201, 997.38 Check this box if a) there is no collateral of lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority. Unsecured Priority Claim Check this box if you have an unsecured claim all or part of ventitled to priority. Amount entitled to priority. Specify the priority of the claim. Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) (a)(1)(B). Wages, salaries, or commissions (up to \$10,000),* earned with days before filing of the bankruptcy petition or cessation of the debibusiness whichever is earlier - 11 U.S.C. § 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507(a). Total Amount of Claim at Time Case Filed. Check this box if claim includes interest or other charges in adinterest or additional charges.	Check this box if your claim is a right of setoff) Brief Description of Collateral Real Estate Motor Ve Value of Collateral Light Amount of arrearage and other charge secured claim if any Up to \$2,225* of deposits toward purch or services for personal, family or hous \$507(a)(7) Taxes or penalties owed to governments over \$507(a)(7) Taxes or penalties owed to governments are subject to adjustment on 4/1/2 with respect to cases commenced on or \$201,997.38 201,997.38 (insecured) (secured) (prediction to the principal amount of the claim Attach	secured by collateral (including shicle Other————————————————————————————————————
Jang, 2000 Gowando High	thenis, such as promissory notes, purchase facts court judgments, mortgages, security ND ORIGINAL DOCUMENTS If the immous, attach a summary liting of your claim, enclose a stamped self-the creditor or other person authorized to mey, if any)	JAN 11 2007 USA CMC

United States Bankruptcy Court	DISTRICT OF NEVADA	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL MORTGAGE Co.	Case Number 06-10725	
NOTE: This form should not be used to make a claim for an administrative expense ma	strative expense arising after the commencement y be filed pursuant to 11 U.S.C. § 503.	
Name of Creditor (The person or other entity to whom the debtor owes money or property): GEORGE W. HUBBARD AND CAROL N. HUBBARD TRUSTEES OF THE HUBBARD TRUST GAS 7/29/1998	giving particulars.	
Name and address where notices should be sent: ROBERT C. LEPOME 10120 S. EASTERN ± 200 HENDERSON, NV 89052 Telephone number (702) 492-1271	Check box if you have never received any notices from the bankruptcy court in this case. Check box if the address differs from the address on the envelope sent to you by the court.	THIS SPACE IS FUR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor: 6291	Check here ☐ replaces if this claim ☐ amends a previously file	d claim, dated:
1. Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes WECLICENCE + FRAUD	Retiree benefits as defined in I Wages, salaries, and compensa Last four digits of your SS #: Unpaid compensation for serv fromI (date)	tion (fill out below)
2. Date debt was incurred: JAN 1, 2005 TO APRIL 12, 2006	3. If court judgment, date obtained	
Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of wentitled to priority. Amount entitled to priority \$ Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) of (a)(1)(B)	Amount of arrearage and other char secured claim, if any: \$	ges at time case filed included in chase, lease, or rental of property uschold use - 11 U.S.C.
☐ Wages, salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U.S.C. § 507(a)(4).	*Amounts are subject to adjustment on 4/1	1/07 and every 3 years thereafter
Contributions to an employee benefit plan - !! U.S.C. § 507(a 5. Total Amount of Claim at Time Case Filed:	s /42.560	162,500
Check this box if claim includes interest or other charges in addinterest or additional charges.		priority) (Total) h itemized statement of all
 Credits: The amount of all payments on this claim has been making this proof of claim. Supporting Documents: Attach copies of supporting documents orders, invoices, itemized statements of running accounts, contra agreements, and evidence of perfection of lien. DO NOT SEN documents are not available, explain. If the documents are voluted addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, of a file this claim (attach copy of power of attach.) 	tents, such as promissory notes, purchase acts, court judgments, mortgages, security AD ORIGINAL DOCUMENTS. If the minous, attach a summary. Iling of your claim, enclose a stamped, self-the creditor or other person authorized to	THIS SPINCE IS FOR COURT USE ONLY FILED JAN 0 8
15-07 ROBERT C. LEPOME,	THE BARELIGEO PITTY FOR CLAIMANT	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U.S.C.

USA CMC

FORM B10 (Official Form 10) (10/05)	Die	TRICT	OF	Nevada	
UNITED STAILS BANKRUPTCY COURT DISTRICT OF Nevada				PROOF OF CLAIM	
Name of Dubtor USA Commercial Mortgage Company Case Number 06-10725-LBR					
NOTH This form should not be used to make a claim for an admini- of the case. A request for payment of an administrative expense ma	strative exp	ense ai Dursuai	nsing	after the commencement	
	1 1				
Name of Creditor (The person or other entity to whom the				u are aware that anyone croof of claim relating to	
Linda C. Reid, husband and wite, as joint		r claim ng part		ch copy of statement	
dibior owes money or property) Jack K. Clark and Linda C. Reid, hushand and wife, as joint tenants with right of survivorship		٠.		have never received any	
Name and address where notices should be sent Jack R. Clark and Linda C Reid	noti		m the	bankruptcy court in this	
9900 Wilhur May Pkwy #4701	Che	ck box		address differs from the	
Rens, NV 89521-3089 Telephone humber 775-853-4754	1	ress on court.	the e	nvelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	1	ck here is clair		replaces amends a previously filed	claim dated
1 Basis for Claim	<u> </u>	П	Retir	ee benefits as defined in 11	
Goods sold		H	Wage	es salaries and compensati	
Services performed Money loaned		d		four digits of your SS # aid compensation for service	es performed
Personal injury/wrongful death			•	to	
Taxes See Exhibit A				(date)	(date)
2. Date debt was incurred MM 2004	3.	If co	ourt j	udgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes the	nat best des	cnbe y	our c	laim and state the amount o	f the claim at the time case filed
See reverse side for important explanations		Sec	ured	Claim	
Unsecured Nonpriority Claim \$ 891,016.03 Check this box if a) there is no collateral or lien securing you	r alaım or		Ch	eck this box if your claim is	secured by collateral (including
b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority	none or	an	_	f setoff)	
				ef Description of Collateral Real Estate Motor Vi	ehicle Other
Unsecured Priority Claim Check this box if you have an unsecured claim all or part of visions.	which is		لتا	ue of Collateral \$ Whk	L
entitled to priority	WINCH IS	Am	ount	of arrearage and other charge	es at time case filed included in
Amount entitled to priority \$		ч		claim if any \$ <u>//, 862</u>	***************************************
Specify the priority of the claim	Ц	Up to or ser	\$2,22 vices	25* of deposits toward purch for personal family or hous	hase lease or rental of property sehold use - 11 U S C
Domestic support obligations under 11 USC § 507(a)(1)(A) (a)(1)(B)	or \square	§ 507	(a)(7)	• *	
Wages salaries, or commissions (up to \$10 000) * earned with	n 180 ☐				al units - 11 U S C § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debi business whichever is earlier - 11 U S C § 507(a)(4)	tor s		-	cify applicable paragraph outpiect to adjustment on 4/1/	07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 USC § 507(a					after the date of adjustment
5 Total Amount of Claim at Time Case Filed	\$	891,	_		891,016.03
Check this box if claim includes interest or other charges in additional charges.	dition to th	(unse e princ	cured) apala	(sécured) (pr amount of the claim Attach	nority) (Total) itemized statement of all
6 Credits The amount of all payments on this claim has beer making this proof of claim	redited a	nd dec	lucted	for the purpose of T	HIS SPACE IS FOR COURT USE ONLY
7 Company D					
orders invoices itemized statements of running accounts contracts court judgments mortgages security					
Between the street of periodicit of ficit DO 1401 361		'AL L	\mathcal{L}	MICIAI O II MIG	
documents are not available explain. If the documents are voluminous attach a summary 8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped self-					
addressed envelope and copy of this proof of claim					
Date Sign and print the name and title if any of file this claim (attach copy of power of atto	the creditor	or oth	er pe	rson authorized to	
1/8/07 1 1 0 0		,	1 /	11/11	ļ
1/Min R Vall		rda	<u>ر</u>	- rela	USA CMC
Penalty for presenting fraudulent claim. Fine of up to \$500 000 or	mprisonm	ent for	r up t	o 5 years or both 18 U S	1072502059

Case 06-10725-gwz Doc 8618-3 Entered 07/13/11 14:10:14 Page 10 of 11 FORM B10 (Official Form 10) (10/05)

UNITED STAFFS BANKRUPTCY COURT		Dis	TRICT	. OF	Neva	da		
			****					PROOF OF CLAIM
Name of Debtor USA Commercial Mortgag	ge Company	Case	Numb	^{er} 06	-1072	5-LBR		
North College								
NOTE This form should not be used to make a clot the case. A request for payment of an adminis							nt	
	-		- 					
Name of Creditor (The person or other entity to wh						are that anyone claim relating i		
debtor owes money or property) Janet P Johnson & Charles E Johnson						of statement	U	
Trustees of the Janet P Johnson dated 7/15/04	Living Trust	givi	ng par	tıcular	rs			
Name and address where notices should be sent						ever received a		
Charles Johnson		case		MI III	e Dankiu	picy count in a	315	
17 Front Street Palm Coast, FL 32137						s differs from th	ne .	
Telephone number 386-986-1418			ress of Court	i ine e	envelope	sent to you by		THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by whi	ch creditor	Che	ck her	e 🗸	replace	S		
identifies debtor 5453		ıf th	ıs claı	m _	amend	s a previously	filed	claim dated 12/8/2006
1 Basis for Claim			П	Retn	ree bene	fits as defined	ın 11	USC § 1114(a)
Goods sold			П	Wag	es salar	res, and comp	ensatı	on (fill out below)
Services performed			LI		_	gits of your SS		
✓ Money loaned Personal injury/wrongful death				-		pensation for	servic	es performed
Taxes See Exhibit A				from	ı	(date)	to_	(date)
Y Other								(uaic)
2. Date debt was incurred 3/26/04		3.	If c	ourt ;	Judgme	nt, date obtai	ned	
4. Classification of Claim Check the appropriate	te box or boxes tha	t best des	cribe	Vour c	claim and	d state the amo	unt of	the claim at the time case filed
See reverse side for important explanations		0101 40.			Claim		om or	the claim at the time case fred
Unsecured Nonpriority Claim \$ 468,301								
b) your claim exceeds the value of the property se	lien securing your	claim or	ar	Ch ght o	f setoff)	box if your cla	ım is s	secured by collateral (including
only part of your claim is entitled to priority	curing it or it c) n	one or		Re	ef Deco	ription of Colla	ntarn)	
Unsecured Priority Claim			1	-				hicle Other
Check this box if you have an unsecured clai	m all or part of ul	biob io				ollateral S_		
entitled to priority	an un or part or wi	inch is	An	ount	of arrear	rage and other	charge	s at time case filed included in
Amount entitled to priority \$			sec	ured o	claım, ıf	any \$ 7,13	3 47	·····
Specify the priority of the claim.		П	Up to	\$2,2	25* of d	eposits toward	purch	ase, lease or rental of property
Domestic support obligations under 11 U S C	♦ 507(a)(1)(A) or	 1	or ser	vices (a)(7)	for pers	onal family o	hous	ehold use - 11 U S C
(a)(1)(B)		П				owed to govern	menta	al units - 11 U S C § 507(a)(8)
Wages, salaries, or commissions (up to \$10,00 days before filing of the bankruptcy petition or ces	0),* carned within sation of the debto	180						11 USC § 507(a)()
days before filing of the bankruptcy petition or ces business, whichever is earlier 11 USC § 507(a)((4)	*A)						77 and every 3 years thereafter
Contributions to an employee benefit plan -	11 USC \$ 507(a)		with i	espec	t to case	es commenced	on or	after the date of adjustment
5 Total Amount of Claim at Time Case F	iled	\$	468	301	91_4	68301 91		468,301 91
Check this box if claim includes interest or of		ition to th	(1979)	and		(cocured)	(pri	(Total)
interest of additional charges	onarges in audi	won w W	e hing	าหม	anivun(1	on the claim A	uach i	nemzed statement of all
6 Credits The amount of all payments on the	us claim has been o	credited a	nđ de	lucte	d for the	purpose of	Th	IIS SPACE IS FOR COURT USE ONLY
making this proof of claim								- COM CHI ON I
7 Supporting Documents Attach copies of support	upporting documer	nts such	as pro	misso	ry notes	, purchase		
orders invoices itemized statements of running agreements and evidence of perfection of lier	g accounts contract	as, court	udgm	ents i	mortgag	es, security		
documents are not available explain if the do-	cumante ara valum		~~~				,	
8 Date-Stamped Copy To receive an acknowle	edgment of the file	ng of you	r clair	n, enc	lose a st	amped seri	UF	N 1 1 2007
top) of the proof of the	CHILLI.							
Date Sign and print the name an	d title if any of the	e greditoi	or ot	er pe	rson aut	thorized to	1	
file this claim (attack copy of power of attorney if any)								
Charles E Johnson, T	rustee Jan	erp yo	hriso	n, Tr	ustee"		•	USA CMC
Penalty for presenting fraudulent claim Fine of u	1 to \$500.000	11151	~ ·					
	1 10 000 00cm	umpasonm	ent 101	up t	o byears	s or both 181		1072502117

Case 06 10725 awz Doc 8618-3.	Entered 07/13/11 14:10	
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM	YOUR CLAIM IS SCHEDULED AS:
Name of Debtor:	Case Number:	Schedule/Claim ID s31739
USA Commercial Mortgage Company	06-10725-LBR	Amount/Classification
	00-10725-LBR	\$12,951.80 Unsecured
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503.	pense of an Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of	The amounts reflected above constitute your claim as
Name of Creditor and Address:	statement giving particulars.	scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed. If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.
Last four digits of account or other number by which creditor identifies of	debtor	THIS SPACE IS FOR COURT USE ONLY
ID 1796	Check here repla	a previously filed claim dated:
1. BASIS FOR CLAIM	Retiree benefits as defined in 11 U.S	
Goods sold Personal injury/wrongful death Taxes Money loaned Other (describe briefly)	Wages, salaries, and compensation Last four digits of your SS #: Unpaid compensation for services pe	(fill out below) Other claims against service (not for loan balances)
O DATE DEDT WAS INCHEDED		(date) (date)
DATE DEBT WAS INCURRED: CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that it is a second of the control of the contro	3. IF COURT JUDGMENT, DATE (best describe your claim and state the amou	DBTAINED: nt of the claim at the time case filed.
See reverse side for important explanations.	SECURED CLAIM	
UNSECURED NONPRIORITY CLAIM \$ Check this box if: a) there is no collateral or lien securing your claim, or b) you exceeds the value of the property securing it, or if c) none or only part of your entitled to priority.	Check this box if y	our claim is secured by collateral (including
UNSECURED PRIORITY CLAIM	Real Estate	
Check this box if you have an unsecured claim, all or part of which is entitled to priority.		
Amount entitled to priority \$	Value of Collateral	
Specify the priority of the claim:	Amount of arrearage as secured claim, if any:	nd other charges <u>at time case filed</u> included in \$
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's	services for personal, family, o	rd purchase, lease, or rental of property or r household use -11 U.S.C. § 507(a)(7). /ernmental units - 11 U.S.C. § 507(a)(8).
business, whichever is earlier - 11 U.S.C. § 507(a)(4).		graph of 11 U.S.C. § 507(a) ().
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	* Amounts are subject to adjus	tment on 4/1/07 and every 3 years thereafter ced on or after the date of adjustment.
5. TOTAL AMOUNT OF CLAIM \$ \$ /	747, 243 \$\$	\$
(unsecured) Check this box if claim includes interest or other charges in addition to the	(secured) Principal amount of the claim. Attach ite	(priority) (Total)
6. CREDITS: The amount of all payments on this claim has been cred 7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> , running accounts, contracts, court judgments, mortgages, security and DOCUMENTS. If the documents are not available, explain. If the documents are not available.	<i>ments,</i> such as promissory notes, puro greements, and evidence of perfection ocuments are voluminous, attach a su	chase orders, invoices, itemized statements of n of lien. DO NOT SEND ORIGINAL mmary.
8. DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.		, · · · · · · · · · · · · · · · · · · ·
Attn: USACM Claims Docketing Center P. O. Box 911 1	prevailing Pacific time, on Novemb	er 13, 2006 nd USE ONLY
DATE SIGN and print the name and title, if any, of the of this claim (attach copy of power of attorney)	creditor or other person authorized to file	USA CMC
11-9-06 day & Summer Trustee	1	ement Plan 1072501212
Penalty for presenting fraudulers claim is a fine of up to \$500,000 or imprisonment for		